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PTO/SB/21 (10-07)

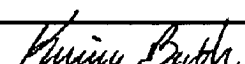
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/566,530	
	Filing Date	January 30, 2008	
	First Named Inventor	Kumar, Rajendra	
	Art Unit		
	Examiner Name		
Total Number of Pages In This Submission	2	Attorney Docket Number	1386007US1AN

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance communication to (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	SAND & SEBOLT		
Signature			
Printed name	Joseph A. Sebolt		
Date	12-18-07	Reg. No.	35352

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REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/568,530
	Filing Date	1/30/2008
	First Named Inventor	Rajendra Kumar
	Art Unit	2817
	Examiner Name	
Attorney Docket Number		1386007US1AN

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer

27542

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with
Customer Number:

27542

OR

<input type="checkbox"/> Firm or Individual Name	SAND & SEBOLT		
Address	Aegle Tower - Suite 1100 4940 Munson St. NW		
City	Canton	State OH	Zip 44718
Country	US		
Telephone	330-244-1174	Email	info@sandandsebolt.com

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/98)

SIGNATURE of Applicant or Assignee of Record

Signature	<i>Raj Kumar</i>	Title:	President
Name	Khyber Technologies Corporation		
Date	12-9-07	Telephone	330-888-5556

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.

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